

ISSUE SLIP STAPLE AREA (Additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	43 917	5/6/01 06-07-01
RESPONSE FORMALITY REVIEW	Zm	927	09/21/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/11/02
2	✓ 8/22/02
3	✓ 7/11/03
4	✓ 11/6/03
5	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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